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 Fax: (509) 448-0903 Unit G
 Email: dealers@ride509.com Spokane, WA 99224

DEALER CREDIT APPLICATION & MAP POLICY AGREEMENT

Date: Requested Terms: NET30 NET30/60/90 (Qualified Prebooking Only)

Company Information

Legal Company Name:

DBA Name (If applicable):

Resale #:

Company Structure:

Federal EIN:

Corporation

Sole Proprietorship

Partnership

Other

How long in business? yrs

Business Type:

How long at current location? yrs

Internet Sales

Brick & Mortar

Previous Address:

If you have been at your current location less than one year.

Principal/Partner:

Title:

Phone:

Principal/Partner:

Title:

Phone:

Primary Contact

Name:

Title:

Email:

Phone:

Billing Information

Contact:

Email:

Address:

Phone:

City:

State:

Zip:

Fax:

Shipping Information

Contact:

Email:

Address:

Phone:

City:

State:

Zip:

Fax:

Trade References

Company: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Company: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Company: _____ Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

Online Accounting/Ordering Access

Authorized 509 dealers will receive access to our online B2B dealer portal. This website gives instant access to your financial documents (invoices, statements, etc), live inventory availability, and the ability to submit orders online. We can setup one login & password to access both the accounting and ordering or we can setup separate logins for each.

Accounting Portal Access

Name: _____ Email: _____

Ordering Portal Access

Name: _____ Email: _____

Dealer Locator Information

We typically list all authorized 509 dealers on our website, available to customers for lookup. If your storefront address or contact information is different than your shipping address, or you have a specific phone number and/or email address for general consumer communications, please specify them here. This is what we will enter on our website.

Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____

Reseller Permit

All authorized 509 dealers are required to submit a valid reseller permit. This permit must be submitted with this application.

I confirm I have included a valid reseller permit with this application.

Payment Terms Confirmation

I/We understand that 509's payment terms are either NET30 or Net30/60/90 (depending on selection on Page 1) days from the date of invoice.
Initials

Invoices 30 days past due will be charged a \$25.00 late fee and will accrue monthly interest at the rate of 1.5% of the outstanding balance (18% per annum). This rate is based on your past due balance at the end of each billing period. **Please note:** Orders placed on past due accounts will be held until account is current or may be sent COD at your request.
Initials

If your account is turned over to a collection agency or attorney for collection, or in the event of default, all collection, legal expenses and reasonable attorney fees will be paid by the debtor and be processed in and according to the laws of the State of Washington.
Initials

Products purchased from 509 are payable by cash, check or credit card.

I/We understand and agree to the above terms and upon any default of the above entity the undersigned does hereby guarantee to 509 prompt payment in full.

Name of Individual Responsible:

Title:

Signature:

Date:

Please email this completed application packet to dealers@ride509.com or fax to (509) 448-0903.

FOR 509 ADMINISTRATIVE USE ONLY FROM HERE DOWN

Date:

Status:

Completed By:

Accounting Portal

Dealer #

Margin:

Rep/Com:

Ordering Portal

Dealer Locater